



## AREOLA PROCEDURE NOTE

PATIENT NAME: \_\_\_\_\_

DATE OF SERVICE: \_\_\_\_\_

PROCEDURE PERFORMED:

- BILATERAL AREOLA TATTOOS
- UNILATERAL AREOLA TATTOO - RIGHT SIDE
- UNILATERAL AREOLA TATTOO- LEFT SIDE

CONSENTS/BEFORE AND AFTER PHOTOGRAPHS:

PATIENT DESCRIPTION:

PROCEDURE DESCRIPTION:

**PIGMENTS/INKS USED FOR PROCEDURE:**

**MEDICAL DEVICE/ MACHINE(S) USED:**

**NEEDLES USED:**

**TOPICALS (IF ANY) USED:**

**ARTIST NAME:** \_\_\_\_\_

**ARTIST SIGNATURE:** \_\_\_\_\_

